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PTO/SB/51 (12-97)

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4764

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,120 and was amended on _____ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.

My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature		<i>Lee Veneklasen</i>		8/30/00		Date	
Residence: City		State		Country		Citizenship	
Castro Valley		CA		USA		USA	
Post Office Address							
Post Office Address		3445 Badding Rd.					
City		State		ZIP		Country	
Castro Valley		CA		94546		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Saratoga		CA		U.S.A.		U.S.A.	
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		State		ZIP		Country	
Saratoga		CA		95070		U.S.A.	

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